



City of Miami Gardens

Building Department
1515 N.W. 167th Street, Bldg. # 4
Miami Gardens, Florida 33169
305-622-8027 (office) 305-622-8557 (fax)
www.miamigardens-fl.gov

PERMIT APPLICATION EXTENSION REQUEST

Date: ____/____/____

Re: Extension of Process Number: _____

Jobsite Address: _____

Phone Number: _____

To whom it may concern:

This letter is to request an **90** day extension on the above referenced process number for the following reasons:

Sincerely:

(Signature of Qualifier, Owner-Builder or Owner-Builder's Agent)

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Sworn to and subscribe before me this _____ day of _____, 20 _____

by: _____

Printed Name of Signer

[] **Personally known to me** [] **or Produced Identification**

Type of Identification: _____

[] **Did take Oath** [] **Did not take Oath**

Signature of Notary Public

FOR OFFICE USE ONLY

Approved By: _____ **Administrative Professional:** _____

Approved Date: _____ **Expiration Date:** _____